



Louisville Metro Government
517 Court Place
Louisville, KY 40202-3305
PH (502) 574-8100
FX (502) 574-1041

AUTHORIZATION FOR RECORD CHECK

SELECT ONE:

☐ **EMPLOYMENT**-Position Applied for: _____

☐ **VOLUNTEER**-Metro Agency: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Maiden/Previous Names: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ **(REQUIRED)**
Month Day Year

Current Address:

Street Number & Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Addresses in Past Seven Years (attach additional sheet if needed):

Street Number & Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Street Number & Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Street Number & Name: _____

City: _____ **State:** _____ **Zip Code:** _____

I, _____, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro Government processing my Employment Application or potential Volunteer Service.

Signature: _____ **Date:** _____